

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____

2 Serial/Patent # 10/522 611

3 Please refund the following fee(s):

	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
✓ Filing			\$ 1400.00
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$

7 TOTAL AMOUNT OF REFUND

\$ 1400.00

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9 13-3372

10 REASON:

✓ Overpayment

Duplicate Payment

No Fee Due (Explanation):

Rule change - 08 Dec 2004

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

TITLE:

SIGNATURE: *Christine Washington*

PHONE: 703-308-9140

OFFICE: DOED

X221

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B